

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10 / 533140

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3							
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29							
30							
31							
32	1						
33		1					
34		1					
35		1					
36		1					
37		1					
38		1					
39		1					
40		1					
41	1						
42		1					
43	1						
44	1						
45	1						
46	1						
47							
48							
49							
50							
TOTAL IND.	6						
TOTAL DEP.	5						
TOTAL CLAIMS	15						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
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96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							